| ARIZONA STATE | | 'H Siate File No. 178 |
|---|--|---|
| 1. PLACE OF BIRTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH Registered No. 201 | | |
| (AA) | | |
| County | ((| |
| District or Township or Village | | |
| City | | |
| 2. Full some of child Gilberto arnelas | | If child is not yet named, make supplemental report, as directed. |
| 3. Sex of Child To be answered ONLY 4. Twin, triplet or other | r 6. Legitimate? | 7. Date 11) - 17 - 25 |
| Male in event of plural births. 5. No., in order of birth. | yes. | 7. Date of birth /0 - 18 - 25 Month Day Year |
| 8. PATHER | 14. V | MOTHER |
| Full name guillermo Ornelas | Full maiden name | rasla Garriere |
| 9. Residence (Usus place of abode) | 15 Residence (Usual place of abode) Globe | |
| If non-resident, give place and state. Www. | If non-resident, give place and state. Au. | |
| 10. Color or race | 16 Color or race | 0 |
| mex. 11. Age at last birthday 44 (Years) | mer. | 17. Age at last birthday 33 (Years) |
| And any and and confirmation (A Cally) | | 17. Age at last cirtualy 2.3 (Years) |
| 12. Birthplace (city or place) 18. Birthplace (city or place) | | |
| (State or country) (State or country) | | regies |
| 13. Occupation | | |
| Nature of industry Housewife. | | |
| 20. Number of children of this mother | d now living 2 | 21. Were precautions taken against oph- |
| (Taken as of time of birth of child herein ertified and including this child.) (b) Born alive by (c) Stillborn | | thalmia neonatorum? |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | |
| I hereby certify that I attended the birth of this child, who was the later than the date shows stated | | |
| *When there was no attending physician | Sorn alive willham | |
| or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor | alol | 1 ar |
| shows other evidence of life after birth.) Given name added from | 1 | (Rhysician or midwife). |
| Address Month, day, year | | |
| Filed | 131 .55 | W W House |
| Registrar | James Transmission of Transmission of the State of the St | Registrar |
| 762-1018-115 | | |

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